



OPEN ENROLLMENT BOOKLET

**The Year 2014 Open Enrollment Period Runs From
OCTOBER 21, 2013 through NOVEMBER 8, 2013**

Department of Employee Relations

Employee Benefits Division

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***PLEASE REVIEW THE BENEFIT DESIGN CHANGES IN GROUP
LIFE INSURANCE AND RATE CHANGES FOR BOTH HEALTH
PLANS FOR 2014.***

***NOTE: EMPLOYEES ENROLLED IN DELTA DENTAL MUST
ENROLL IN A NEW DENTAL PLAN FOR 2014.***

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Other Benefit Information available on-line at www.Milwaukee.gov/DER.

➤ *Group Life (Aetna replaces Standard Insurance)*

- ◆ Basic Group Life – all general city employees working **more than 20 hours per work** will automatically be provided \$50,000 in City paid life insurance (excludes Fire & Police).
- ◆ Voluntary Group Life Insurance – is additional coverage that an employee may enroll in that is entirely paid for by the employee.
- ◆ Family Life Insurance – is additional coverage that an employee may enroll in that covers the employee's family (spouse or domestic partner and dependent children).
- ◆ Note: Employees on the self-service system must enroll in Voluntary Life Insurance on-line. HACM and Wisconsin Center District employees must complete a paper application (enclosed) to enroll.

➤ *Flexible Choices Program*

- ◆ *You must enroll or re-enroll during the Open Enrollment (Re-Enrollment is not automatic.)*

➤ *Long Term Disability Program: Lincoln Financial Group replaces Standard Insurance (excludes Fire and Police)*

- ◆ See Information Booklet on-line

➤ *Deferred Compensation*

- ◆ See Information on-line.

HEALTH & DENTAL OPEN ENROLLMENT

Annual Open Enrollment - October 21, 2013 through November 8, 2013

The City's Annual Open Enrollment period is upon us once again. *The rates may influence your health plan choice for the year 2014. Please see the rate chart for the employee share of the premium on-line at www.Milwaukee.gov/DER. The City will pay 88% of the lowest cost plan in 2014 for general city employees; premiums for public safety employees will be in accordance with applicable labor agreements. The benefit design including but not limited to the deductibles, co-pays, co-insurance and out of pocket maximums employees must pay may be changed for 2014 for any particular group of employees, including public safety employees, based on Common Council action.*

This is your only opportunity during the year to make a change to your health or dental plan for plan year 2014.

For 2014 there will be a 4 tier structure: Employee only; Employee + child/ren only; Employee + Spouse only; and, Family (employee, spouse & child/ren). **If you're enrolled**

in Delta Dental for 2013, you must enroll in a new dental plan for 2014. IF YOU DON'T ENROLL, YOU WILL NOT HAVE DENTAL COVERAGE IN 2014.

Review the information in this booklet, especially the plan comparison tables (beginning on page 5). If you want more information about a particular plan, call the health or dental plan directly and they will mail you their packet of provider information. Their phone numbers and websites are on page 36. You may also pick up plan information packets at the Open Enrollment Fairs as listed on page 3, or at the Employee Benefits office in City Hall Room 706.

All Active employees will use the online Employee Self Service Program for plan changes. The system is accessed with a web browser at work or home. Login on the Internet at <https://cmil.mycmsc.com>, and then click HRMS PRD 9.1. All employees must have their Employee ID Number and a Password. To request or reset a password, go to www.Milwaukee.gov/RITS.

HEALTH PLANS - YEAR 2014

United Healthcare will administer two self-funded health plans for the City of Milwaukee:

UHC CHOICE PLAN - The City's self-funded EPO Plan with deductible and co-insurance, 1-800-841-4901, www.myuhc.com

UHC CHOICE PLUS PLAN – The City's self-funded PPO Plan with higher deductibles and co-insurance, 1-800-841-4901, www.myuhc.com.

DENTAL PLANS - YEAR 2014

The City has contracted with three dental plans in 2014; they are listed below:

- **MetLife Dental (replaces Delta Dental)**
- **Dental Blue**
- **Care-Plus Benefit Plans, Inc.**



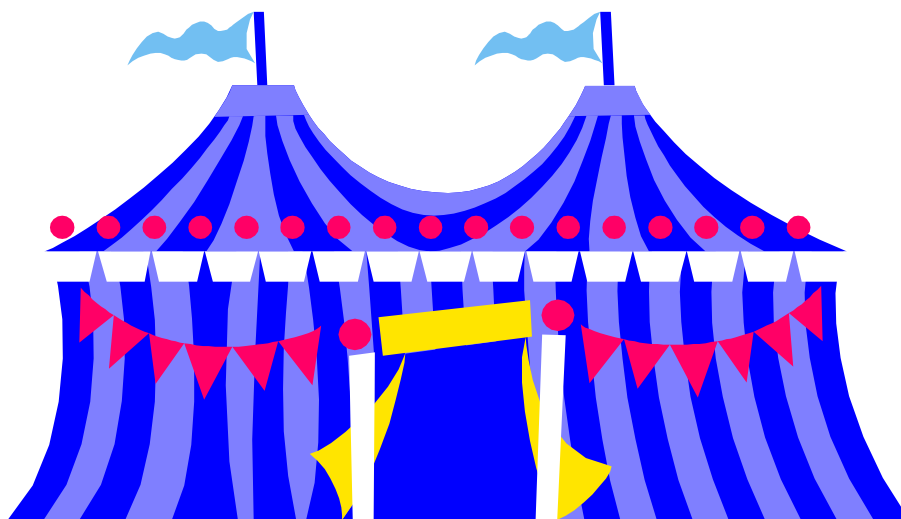
NOTE:

ALL HEALTH & DENTAL PLAN DEDUCTIONS WILL BE TAKEN TWICE PER MONTH...FIRST & SECOND PAYCHECKS OF EACH MONTH.

OPEN ENROLLMENT INFORMATION FAIRS

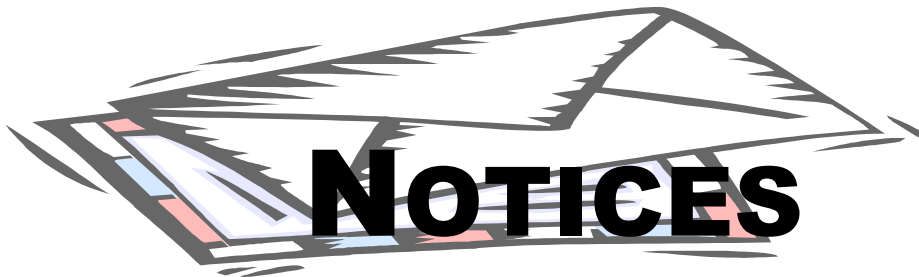
The City will hold Six (6) Open Enrollment Fairs that are open to all City employees and retirees. The schedule is listed below.

Tuesday, October 22 nd - 3:30 p.m. to 6:30 p.m.....	Fire and Police Academy 6680 North Teutonia Avenue
Thursday, October 24 th - 2:00 p.m. to 6:00 p.m.	Wilson Park Senior Center 2601 West Howard Avenue
Tuesday, October 29 th - 11:30 a.m. to 4:00 p.m.	DPW Field Headquarters 3850 North 35 th Street
Thursday, October 31 st - 3:30 p.m. to 6:30 p.m.	Washington Park Library 2121 North Sherman Blvd
Tuesday, November 5 th - 1:00 p.m. to 4:00 p.m.	Bayview Library 2566 South Kinnickinnic Avenue
Thursday, November 7 th – 9:00 a.m. to 1:00 p.m.	City Hall Rotunda 200 East Wells Street



Open Enrollment Fair

NOTE: Find a Physician at www.myuhc.com to determine if your physician is a UnitedHealthcare Premier Network physician. The City cannot guarantee a physician will be with the UnitedHealthcare network for the entire year.



➤ **Notice to Employees Regarding the Thirty-Day Rule:**

You must enter the Life Event changes **within 30 days** of births, adoptions, marriages (including marriage to another City employee), divorces, dependents ceasing to be dependents, former dependents that become eligible dependents again, deaths. The social security number is required for each eligible dependent enrolling in a health plan. A copy of a marriage, birth and/or adoption certificate is required when enrolling an eligible dependent. New employees must enroll on the Self Service program within 30 days of their City start date and employees returning to work from layoff or any other reason must complete health and/or dental enrollment forms within 30 days of their return-to-work date. (Non-compliance with this Thirty-Day Rule may expose you to additional costs.) **There will be no exceptions to this rule.**

Under the Affordable Care Act children are eligible for health and dental coverage until the end of the calendar year they turn 26. Employees can remove spouses and children from their health and dental plan at any time. Employees can enroll dependents during open enrollment or a qualifying event. There is no penalty for a City employee who waives coverage and takes coverage through a spouse or another health plan.

Active employees are responsible for keeping their enrollment status current. Login on the Internet to <https://cmil.mycmsc.com> then click HRM PRD 9.1. All employees must have their Employee ID number and a Password. To request or reset a password go to www.Milwaukee.gov/RITS.

Active employees separating from the City are eligible to have their insurance through **the end of the month following their separation**. Members receiving health and dental benefits through the end of the following month are responsible for the employee share of the premium. **If you have not been deducted on your paycheck for the final month, you will be billed.**

➤ **Notice to Employees regarding the One-Family Plan Rule:**

City employees who are married to each other may only carry one health plan and one dental plan between them. One spouse may carry both health and dental plans, or one spouse may carry the health plan and the other spouse may carry the dental plan. You are required to report your marriage to another city employee within 30 days of the date of your marriage. There may be financial penalties if you fail to report your marriage.

City of Milwaukee Management employees whose spouse is employed by another governmental agency may only be enrolled in a family coverage with the City of Milwaukee or with their spouse's employer, but not both.

➤ **Domestic Partners and children**

Domestic Partner medical benefits are available for all City employees. City employees must be in a registered Domestic Partnership in order to be eligible for these benefits. The children of the domestic partner are eligible for benefits. There are tax implications associated with the benefits. Call Vaughn Brooks, Employee Benefits at 286-2178 for information.

➤ **Hospital and Physician Quality**

The City understands the value of doctors and hospitals providing a high quality of care. There are several measures available for review of quality. The UnitedHealth Premium program helps you choose with confidence – just look for the stars. They identify physicians who meet quality and cost-efficiency guidelines for care. Visit www.myuhc.com to search for doctors and hospitals that meet national medical standards for quality care.

Another resource to check out is www.wicheckpoint.org. Area hospitals participate in the Wisconsin Hospital Association which gives a snapshot of hospitals' performance in key areas.

DISCLAIMER:

Receiving this booklet does not necessarily imply you are eligible for City health and/or dental coverage. Only persons eligible under labor contract provisions, Common Council resolutions, or COBRA may enroll. In making these various plans available, the City of Milwaukee is not endorsing the selection of a particular plan or the level of benefits or quality of care offered by a particular plan. It is the responsibility of the employee to carefully review the plan and to make a decision based on this review. This material was prepared and sent with the cooperation of the City's health and dental plans.

SUMMARY OF HEALTH INSURANCE BENEFITS FOR CITY OF MILWAUKEE*

NOTE: This summary is intended only to highlight your benefits and should not be relied upon to fully determine your coverage. The Summary Plan Description shall prevail.

*The benefit design may change during 2014, based on Common Council action .

Type of Coverage	CITY OF MILWAUKEE UHC CHOICE PLAN	CITY OF MILWAUKEE UHC CHOICE PLUS PLAN	
	Network Only Benefits	Network Benefits	Non-Network Benefits
1. Annual Deductible – (Employee Pays) Individual Deductible Family Deductible	\$500 per year \$1,000 per year	\$750 per year \$1,500 per year	\$1,500 per year \$3,000 per year
2. Co-Insurance – (Employee Pays) Individual Family	10% up to \$500 10% up to \$1,000 per family not to exceed \$500 per member.	10% up to \$750 10% up to \$1500 per family not to exceed \$750 per member.	30% up to \$1500 30% up to \$3,000 per family not to exceed \$1500 per member.
3. Out-of-Pocket Maximum – (Employee Pays) (Includes both deductible & co-insurance) Individual Out-of-Pocket Maximum Family Out-of-Pocket Maximum	\$1,000 per year \$2,000 per year	\$1,500 per year \$3,000 per year	\$3,000 per year \$6,000 per year
4. Benefit Plan coinsurance – Amount the Plan Pays For #4 - #29.	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
5. Lifetime Maximum	No Lifetime Maximum	No Lifetime Maximum	No Lifetime Maximum
6. Ambulance Services – Emergency & approved Non-Emergency	90% after Deductible met.	90% after Deductible met.	90% after Deductible met.
7. Autism Spectrum Disorder Services	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
8. Dental Accident/Oral Surgery Oral Surgery coverage is limited to 13 specific oral surgical procedures. (See end of benefit summary on pg.12).*	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
9. Durable Medical Equipment	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
10. Emergency Health Services	90% after Deductible met. \$150 copay after out-of-pocket maximum met.	90% after Deductible met. \$150 copay after out-of-pocket maximum met.	70% after Deductible met. \$150 copay after out-of-pocket maximum met.
11. Hearing Aids Benefits are limited to enrolled dependent children under 18, limited to one hearing aid per year, every 3 years	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
12. Home Health Care Benefits are limited to 40 visits per calendar year.	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
13. Hospice	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
14. Hospital – Inpatient Stay	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
15. Lab, X-Ray & Diagnostics - Outpatient	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
16. Mental Health Services	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
17. Nutritional Counseling	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.

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Type of Coverage	CITY OF MILWAUKEE UHC CHOICE PLAN	CITY OF MILWAUKEE UHC CHOICE PLUS PLAN	
	Network Only Benefits	Network Benefits	Non-Network Benefits
		met.	
18. Physician Fees for Surgical & Medical Services	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
19. Physician Office Services – Sickness and Injury.	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
20. Preventive Care Services Includes Preventive Care Visit, Lab, or other preventive tests. Generally when a service is performed during your preventive care visit, specifically for preventive screening, and there are no known symptoms, illnesses or history, the services will be considered for this benefit. For more information about preventive services that might be right for you, visit www.uhcpreventivecare.com	100% Deductible does not apply	100% Deductible does not apply	Not Covered
21. Prosthetic Devices	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
22. Rehabilitation Services – Chiropractic Treatment	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
23. Rehabilitation Services – Outpatient Therapy Short-term outpatient rehabilitation for Physical therapy, Occupational therapy, Speech therapy, Pulmonary rehabilitation therapy, Cardiac rehabilitation therapy, and Respiratory therapy. 50 visit maximum per year for each necessary therapy.	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
24. Skilled Nursing Facility/Inpatient Rehabilitation Facility Services. 120 day maximum per inpatient stay.	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
25. Substance Use Disorder	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
26. Temporomandibular Joint disorder Treatment (TMJ) Benefits are limited to \$1,250 per year for diagnostic procedures and non-surgical treatment.	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
27. Transplant Services	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
28. Urgent Care	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
29. Vision Care One routine vision exam every 2 years at an In-Network Optometrist or Ophthalmologist as found on www.myuhc.com .	90% after Deductible met.	90% after Deductible met.	Not Covered.
30. Prescription Drug Benefits administered by Express Scripts. The Employee Pays: Retail Pharmacy – 30 day supply Mail Order – up to 90 day supply (The prescription co-pays do not apply to the deductible, co-insurance or out of pocket maximum).	\$5/\$25/\$50 copay \$10/\$50/\$100 copay	\$5/\$25/\$50 copay \$10/\$50/\$100 copay	Not Covered.

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Type of Coverage	CITY OF MILWAUKEE UHC CHOICE PLAN	CITY OF MILWAUKEE UHC CHOICE PLUS PLAN	
	Network Only Benefits	Network Benefits	Non-Network Benefits
31. Dependent Coverage	Include employee's spouse; eligible dependent children, stepchildren, foster children, grandchildren (if the parent is an eligible dependent child under the age of 18), domestic partner's children, adopted children and children placed for adoption as mandated by the State or Federal government. Based on the Affordable Care Act, coverage for dependent children is through the end of the calendar year in which the dependent child turns 26, without regard to the child's school status, marital status or dependent status.		

United Healthcare Oral Surgery is limited to the following 13 oral surgical procedures (see #8 on page 11)

1. Surgical removal of bony impacted teeth;
2. Excision of tumors, cysts of the jaws, cheeks, lips, tongue, roof of mouth when such conditions require pathological examination;
3. Surgical procedures required to correct accidental injuries of the jaws, cheeks, lips, tongue, roof and floor of mouth;
4. Apicoectomy;
5. Excision of exostosis of jaws and hard palate;
6. Treatment of fractures of facial bones;
7. External incisions and drainage of cellulitis;
8. Incision of accessory sinuses, salivary glands or ducts;
9. Gingivectomy;
10. Alveolectomy;
11. Frenectomy;
12. Removal of retained root;
13. Gingival and Apical curettage.





FAQ – Active

Why Express Scripts?

Express Scripts services include:

- A network of thousands of participating retail pharmacies
- Convenient mail-order pharmacies for medications you take on a regular basis
- Helpful and convenient Internet services (www.express-scripts.com)
- Sophisticated medication safety checks
- Round-the-clock access to registered pharmacists
- Well-trained Member Services representatives.

Express Scripts looks forward to putting its clinical experience and state-of-the-art technology to work for you.

How do I use my prescription drug ID card?

Whenever you or a covered family member has a prescription filled at a participating retail pharmacy, present your Express Scripts prescription drug ID card to the pharmacist. It displays your member ID number, which your pharmacist needs to process your prescriptions. To quickly find a retail pharmacy near you, use the Express Scripts online pharmacy locator at www.Express Scripts.com or call Member Services.

How can I find out what medications are covered?

Log on to express-scripts.com® or contact Member Services. First-time visitors to the site will need to register using a member ID and prescription number.

Can I use my current retail pharmacy?

To find out whether a particular pharmacy participates in the network, visit www.Express-Scripts.com or call Express Scripts Member Services.

What is the Express Scripts Pharmacy?

The Express Scripts mail-order pharmacy is one of the largest in the United States.

Why use the Express Scripts Pharmacy?

- Savings
 - You can receive a 3 month supply for a 2 month co-pay, when you use the Express Scripts pharmacy (mail order).
 - Standard shipping is always free (save gas by not driving).
 - It helps keep your drug benefit affordable.
- Convenience
 - You can receive up to a 90-day supply, which saves on trips to the pharmacy.
- Safety
 - Each time you use your prescription drug benefit, the medication or medical supply that you purchase is added to Express Scripts database. If you're prescribed a medication that could cause an adverse reaction with other medications you're already taking, an Express Scripts pharmacist will alert your doctor to any problems and discuss safer, alternative therapies.

What is the difference between a brand-name and generic medication?

Brand-name medications are marketed under a trademark-protected name and are often available from only one manufacturer. Generic medications contain the same active ingredients as the original brand and must meet the same strict federal regulations as their brand-name counterparts for quality, strength, and purity. Generics typically cost less than brands.

What is a formulary (also known as a preferred drug list)?

A formulary is a list of commonly prescribed medications that are preferred by your plan because they are safe, effective alternatives to other generics or brands that may be more expensive. The formulary has a wide selection of generic and brand-name medications.

What can I do to lower my prescription drug expenses?

Generic medications typically cost less than their brand-name counterparts. Talk to your doctor to find out whether there is a generic medication available and appropriate for you. Also, by using The Medco / Express Scripts Pharmacy™, you can receive up to a 90-day supply of your long-term medications for one mail-order co-payment.

What if I have a question about a medication or want to speak with a pharmacist?

Registered pharmacists are available 24 hours a day, 7 days a week, to answer questions about your medication. Just call Express Scripts Member Services and the representative will be happy to have a pharmacist join your call.

What information can I access on Express Scripts website?

You can take advantage of Express Scripts consumer-friendly website as a registered user. More than 4 million members have registered at www.express-scripts.com to enjoy round-the-clock access to these services:

- Order mail-order refills (new prescriptions cannot be submitted on the Web).
- Check the status of your mail-order prescriptions.
- View your account summary and pay mail-order balances.
- Review plan highlights.
- Get information about preferred medications.
- Compare brand-name and generic drug prices.
- Sign up for timely refill reminders.
- Print mail-order forms, claim forms, and temporary ID cards.
- Locate participating retail pharmacies (if your plan has a retail benefit).
- Get health and wellness information.

Registering is simple and safe, and your information is secure and confidential

Does the City drug plan have a deductible, co-insurance or out-of pocket maximum?

No, there is no deductible, co-insurance or out of pocket maximum, nor do the deductible, co-insurance or out of pocket maximum with the health plans apply to the drug plan. There is a \$5/\$25/\$50 co-pay only.



“Wellness Your Choice Milwaukee”

The City of Milwaukee is partnering with Froedtert and Community Health Workforce Health to provide comprehensive health and wellness services to City employees. The program includes a blood draw, an online Health History, a meeting with one of Workforce Health’s health educators and a report to each member who completes the process. Employees who complete the comprehensive health and wellness service will not have a health assessment fee (HAFEE). Please retain a copy of your Health Action Plan. It will serve as verification of participation in the event of a discrepancy.

Additional services or classes are available through Workforce Health. Topics include: Diabetes, Nutrition, Physical Activity, and Tobacco Education. Representatives from Workforce Health will be at the City of Milwaukee Open Enrollment Fairs and the Wellness Center located in the Zeidler Municipal Building.

Anyone retiring before 12/01/2013 will not be effected by the 2014 health assessment fee (HAFEE).



City of Milwaukee Monthly Health Assessment Fees

<ul style="list-style-type: none"> Health Assessments (HA) are offered at no cost to all City of Milwaukee employees and spouses. The entire process for the health assessment includes: lab work, online health questionnaire, health assessment session and tobacco education (if applicable). City of Milwaukee health insurance participants who do not complete the entire process in the allotted time will pay a health assessment fee (see fees to the right). Join 90% of your fellow employees in avoiding health assessment fees and improving your health by choosing to fully participate. 	Single (Monthly)	
	\$30.00	Did not complete entire HA process
	\$10.00	Completed HA, positive for tobacco use (did not complete tobacco education)
	No Fee	Completed HA, no tobacco use OR positive for tobacco use (completed tobacco education)
<hr/>		
	Family: 1 Employee (Monthly)	
	\$40.00	Did not complete entire HA process
	\$20.00	Completed HA, positive for tobacco use (did not complete tobacco education)
	No Fee	Completed HA, no tobacco use OR positive for tobacco use (completed tobacco education)
<hr/>		
	Family: Employee + Spouse (Monthly)	
	\$60.00	Did not complete entire HA process
	\$40.00	1 person completed HA, 1 did not
	\$20.00	2 persons completed HA, 2 positive for tobacco use (did not complete tobacco education)
	\$20.00	2 persons completed HA, 1 positive for tobacco use (did not complete tobacco education)
	No Fee	2 persons completed HA, no tobacco use OR both positive for tobacco use (completed tobacco education)

Please note: The City of Milwaukee is expanding Wellness Your Choice Milwaukee to include “Healthy Rewards”, a voluntary outcome based wellness program. For more information go to www.milwaukee.gov/der/healthyrewards.

City of Milwaukee Diabetic Benefits for Actives

Diabetic Claims (Equipment and Supplies) Claims Adjudication Processes

Non-Medicare Actives	
Item	Claim Adjudication
Durable Medical Equipment (DME) to include insulin pumps and the supplies used for insulin pumps.	Processed through the medical benefit for both UHC Choice EPO and UHC Choice Plus (See #9 on the Summary Benefit Table on pg. 9) Glucose meters and insulin pumps are covered at 90% co-insurance after satisfying deductible.
Diabetic testing supplies to include test strips, syringes, lancets, etc.	<ul style="list-style-type: none"> All members have a three tier drug plan through Medco (Express Scripts), \$5, \$25 & \$50, for diabetic testing supplies.

Preventive Health Guidelines

The importance of preventive healthcare

Remember the old saying that “an ounce of prevention is worth a pound of cure.” This can be especially true when it comes to preventive health care. And, better health may lower your health care costs.

Maintaining or improving your health is important; and a focus on regular preventive care, along with following the advice of your doctor, can help you stay healthy. Routine checkups and screenings can help you avoid serious health problems, allowing you and your doctor to work as a team to manage your overall health.

What is preventive care?

Preventive care focuses on maintaining your health, and establishing your baseline health status. During your preventive visit your doctor will determine what tests or screenings are appropriate for you based on many factors such as your age, gender, overall health status, personal health history and your current symptoms or chronic health concerns.

Even if you’re in the best shape of your life, serious condition with no signs or symptoms may put your health at risk. Through a preventive exam and other routine health screenings, your doctor can detect the early warning signs of more serious issues to provide early treatment.

New online tool

At www.uhcpreventivecare.com you can identify your age and gender-specific preventive care recommendations allowing you to help manage your health and reach your overall health goals.

You can use this information to talk with your doctor to make health decisions that meet your lifestyle and daily habits and help you live a healthier life.

It’s easy and fast.

- You can print and email results
 - You will also find health tips and much more.
- Visit www.uhcpreventivecare.com to identify your preventive care guidelines.



CITY OF MILWAUKEE DENTAL PLAN COMPARISON CHART

NOTE: These comparisons describe the benefit program in general terms. These benefits are subject to the terms and conditions of the master contracts.

	CARE+PLUS PREPAID IN-NETWORK	DENTALBLUE (WI DentalCare) Standard IN-NETWORK	METLIFE DENTAL PLAN ⁶ IN-NETWORK AND OUT OF NETWORK		
			Police	Fire	General
ANNUAL MAXIMUM	Unlimited	Unlimited	\$1,000	\$1,000	\$1,000
DEDUCTIBLE Single Family	None None	None None	\$25 \$75	\$25 \$75	\$25 \$75
DIAGNOSTIC (Ded waived) Oral Exam, X-Rays	Covered	Covered	You Pay 20%	You Pay 20%	(deductible waived) Covered ^{1,9}
PREVENTIVE Cleaning Fluoride (2x/yr) Sealants (2x/yr)	Covered Covered-age 18 ² Covered-age 15 ²	Covered Covered-age 15 ²	You Pay 20% Covered-age 18 ² Covered-age 24	You Pay 20% Covered-age 18 ² Covered-age 24	Covered ^{1, 9} Covered-age 18 ² Covered-age 24
RESTORATIVE Fillings³ Crowns⁴	Covered Covered ⁴	Covered Covered ⁵	You Pay 20% You Pay 20%	You Pay 20% You Pay 20%	You Pay 20% You Pay 20%
PROSTHODONTICS Bridges, Dentures Implants	Covered ⁴ Not Covered	Covered ⁵ Not Covered	You Pay 20% You Pay 20%	You Pay 20% You Pay 20%	You Pay 20% You Pay 20%
PROSTHETICS Denture Repairs	Covered	Covered	You Pay 20%	You Pay 20%	You Pay 20%
ORAL SURGERY⁶ Simple Extractions	Covered	Covered	You Pay 20%	You Pay 20%	You Pay 20%
ENDODONTICS Root Canals	Covered	Covered	You Pay 20%	You Pay 20%	You Pay 20%
PERIODONTICS⁶ Treatment of Gums & Tissue	Covered	Covered	You Pay 20%	You Pay 20%	You Pay 20%
ORTHODONTICS: Example Based on \$5000 Treatment Plan.					
Maximum Plan will pay Employee Co payment⁷	None 50% of \$5000 up to \$750	None 50% of \$5000 up to \$750	60% up to \$2,000 40% of treatment plan charges of \$3,333 or less, up to \$1,333. 100% of the portion of charges exceeding \$3,333.	60% up to \$1,000 40% of treatment plan charges of \$1,666 or less, up to \$666. 100% of the portion of charges exceeding \$3,333.	50% up to \$1,200 50% of treatment plan charges of \$2,400 or less, up to \$1,200. 100% of the portion of charges exceeding \$3,333.
Deductible Dependent Age Limit Invisalign Braces	None None Not Covered	None None Not Covered	None 26 ⁸ Covered	None 26 ⁸ Covered	None 26 ⁸ Covered
Expected co-pay on \$5,000 Treatment Plan:	You Pay \$750	You Pay \$750	You pay \$3,000	You pay \$4,000	You pay \$3,800

NOTES:

1. Covered at 100% of "maximum plan allowance" or the total dollar amount allowed for each dental procedure code.
2. Coverage may extend beyond age limit indicated if part of a Periodontal Treatment Plan.
3. White composite on posterior teeth may be subject to co-payments and/or covered at a lesser percentage than indicated.
4. Covered with base or noble metal. High noble metal is extra.
5. Only base metal covered. Noble or high noble metal and related lab fees are subject to co-payments. Many dentists only use noble metals. Ask your provider to document your out-of-pocket expense prior to initiating treatment.

6. Does not duplicate medical coverage.
7. A new co-payment will be assessed should you change dental plans during orthodontic treatment. Care+plus may reduce the required co-payment for transferring ortho-in-treatment patients based on treatment previously received and remaining length of treatment.
8. Employee and spouse are not subject to age limit indicated.
9. MetLife (General City) – Diagnostic and Preventive will not count against the annual maximum or deductible.

Care+Plus has four clinics in the Milwaukee area. They are located at 1135 S. Cesar Chavez Drive; 11711 W. Burleigh Street, 6855 S. 27th Street and ***205 E. Wisconsin Avenue (*coming in spring 2014)**. You do not need to specify a clinic preference when enrolling and may use the clinics interchangeably. To visit the Care+Plus website, navigate to: www.dentalassociates.com.

DentalBlue clinics are located throughout the metropolitan area. You must select a clinic from the Anthem Dentacare Standard Provider Directory and indicate a 12 digit clinic/center number during enrollment. Choose your provider thoughtfully. **DentalBlue does not allow clinic changes outside of open enrollment and will not pay for treatment rendered at a clinic other than the one you select.** Family members are required to use the same clinic although they may see different dentists within the clinic.

To visit DentalBlue's website, navigate to: <http://www.Anthem.com> (Select "WI" and "DentalBlue-Dentacare Standard Network" then designate your search parameter.)

MetLife covers the dentist of your choice. You do not need to select a clinic or provider as part of enrollment, and may switch dentists at will. Family members can utilize different clinics and clinicians. By choosing a MetLife participating provider you will not be "balanced billed" for amounts that exceed your co-pay.

***Out of Network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge') or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.**

To access more information or find a participating general dentist or specialist, visit MetLife's website www.metlife.com/dental.

MetLife PDP Savings* Examples

You may see any dentist – in-network or out-of-network -- with the MetLife dental plan. These hypothetical examples illustrate how receiving services from a PDP (in-network) dentist can save you money and get more services for the \$1000 annual maximum. Both examples assume any applicable deductibles have been met prior to these services being rendered. The R&C Fee refers to "reasonable and customary fees" that MetLife will use as a maximum for that specific service with non-network providers, and the "Dentist's Usual Fee" refers to an amount higher than either the PDP fee or the R&C fee that a non-network dentist may charge.

Your out-of-pocket costs are usually lower when you visit network dentists. That's because they have agreed to accept negotiated fees that are typically 15 to 45% less than average dental charges in the same community. This may help lower your final costs and stretch your plan maximum. Negotiated fees may even extend to non-covered services and services provided after you've reached the plan maximum.

METLIFE DENTAL

Example 1 - *Your Dentist says you need a Crown —*

- PDP Fee: \$375.00
- R&C Fee: \$500.00
- Dentist's Usual Fee: \$600.00

IN-NETWORK When you receive care from a participating PDP dentist:		OUT-OF-NETWORK When you receive care from a non-participating dentist:	
Dentist's Usual Fee is:	\$600.00	Dentist's Usual Fee is:	\$600.00
The PDP Fee is:	\$375.00	The R&C Fee is:	\$500.00
<i>Your Plan Pays:</i>		<i>Your Plan Pays:</i>	
80% X \$375 PDP Fee:	- \$300.00	80% X \$500 R&C Fee:	- \$400.00
Your Out-of-Pocket Cost:	\$75.00	Your Out-of-Pocket Cost:	\$200.00

In this example, you save \$125.00 (\$200.00 minus \$75.00)... by using a participating PDP dentist.

Example 2 - *Your Dentist says you need a Filling —*

- PDP Fee: \$100.00
- R&C Fee: \$125.00
- Dentist's Usual Fee: \$150.00

N-NETWORK When you receive care from a participating PDP dentist:		OUT-OF-NETWORK When you receive care from a non-participating dentist:	
Dentist's Usual Fee is:	\$150.00	Dentist's Usual Fee is:	\$150.00
The PDP Fee is:	\$100.00	The R&C Fee is:	\$125.00
<i>Your Plan Pays:</i>		<i>Your Plan Pays:</i>	
80% X \$100 PDP Fee:	- \$80.00	80% X \$125 R&C Fee:	- \$100.00
Your Out-of-Pocket Cost:	\$20.00	Your Out-of-Pocket Cost:	\$50.00

In this example you save \$30.00 (\$50.00 minus \$20.00)... by using a participating PDP dentist.

* Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered. Negotiated fees on non-covered services may not apply in all states.

GROUP LIFE INSURANCE OVERVIEW

GROUP LIFE INSURANCE

As of January 1, 2014 the City of Milwaukee will implement a new life insurance plan. This new plan will only affect General City, Wisconsin Center District and HACM employees. This does **not** apply to Fire, Police, MPS, MATC, MMSD, United Water Services and Veolia employees.

Under the new plan all eligible employees working more than 20 hours per week will automatically receive a \$50,000 basic life insurance policy that will be paid for by the City of Milwaukee. Note, enrollment in basic life insurance is automatic and employees are not required to sign up or complete enrollment forms to participate in this plan.

THE \$50,000 CITY PAID GROUP LIFE INSURANCE IS ONLY APPLICABLE TO ACTIVE EMPLOYEES.

If you intend to retire in 2014 and would like to carry group life insurance while retired you MUST elect a minimum of 50% of your annual base salary in voluntary life insurance coverage during THIS open enrollment period (October 21 – November 8, 2013).

NOTE: YOUR RETIREE COVERAGE WILL BE EQUIVALENT TO THE AMOUNT OF VOLUNTARY LIFE INSURANCE THAT YOU PURCHASE.

Eligible employees will also have the option to purchase voluntary life insurance and family life insurance coverage.

VOLUNTARY LIFE INSURANCE*

Voluntary life insurance is coverage that an employee can purchase in addition to the \$50,000 City paid coverage. Eligible employees may purchase voluntary life insurance coverage in the following options:

- 50% of annual base salary
- 100% of annual base salary
- 150% of annual base salary
- 200% of annual base salary
- 250% of annual base salary
- 300% of annual base salary

To calculate the amount of voluntary coverage that you would like to carry, take your annual base salary and multiply it by the selected % above and then round up to the nearest thousand.

Example: Annual Salary \$38,450.00 x 50% = \$19,225.00 rounded up to \$20,000.00.

Cost of Voluntary Life Insurance

Voluntary life insurance is entirely paid for by the employee based on the following age-banded rates:

<u>Age</u>	<u>Rate per \$1,000</u>
Under 25	\$0.05
25-29	\$0.06
30-34	\$0.08
35-39	\$0.09
40-44	\$0.10
45-49	\$0.15
50-54	\$0.23
55-59	\$0.43
60-64	\$0.66
65-69	\$1.27
70-74	\$2.06
75-79	\$2.43
80-84	\$2.80
85-89	\$5.29
90 +	\$8.00

Example: $\$20,000 \div 1,000$ (rate per \$1,000) = $20 \times .05$ (age 23) = \$1.00 per month.

The most voluntary coverage any employee can have is 300% of their salary, **not to exceed \$300,000**.

ONE TIME ONLY – For the 2014 Open Enrollment employees may choose any percentage of voluntary life insurance without evidence of insurability. This is a **one-time** only option. Going forward, increases of voluntary coverage greater than 50% will be subject to evidence of insurability.

Employees may only cancel voluntary life insurance during open enrollment periods.

FAMILY LIFE INSURANCE

All eligible employees may elect family life insurance. To be eligible an employee must carry voluntary life insurance. Family life insurance is a single fixed deduction that covers the employee's family (spouses, domestic partners and dependent children) regardless of the number of dependents. Spouses and domestic partners will have \$25,000 of coverage. Dependent children 6 months of age through 26 years of age will have \$10,000 of coverage and dependent children 14 days old through 5 months of age will have \$2,000 in coverage. Employees may elect family coverage within 30 days of a qualifying event (marriage and births).

Employees may only cancel family life insurance during open enrollment periods. The employee is the only beneficiary of family life insurance. Family life insurance terminates upon the death or retirement of the employee. If an employee resigns or is terminated they can port their family coverage.

Cost of Family Life Insurance

Family life insurance will be paid for by the employee based on a flat rate of \$5.25 per month.

ONE TIME ONLY – For the 2014 Open Enrollment employees may enroll in family life insurance without evidence of insurability. This is a **one-time** only option. Going forward, if an employee enrolls in family coverage outside of a qualifying event (marriage, birth) the spouse will be subject to evidence of insurability

Detailed information regarding the life insurance plan for 2014 is available by calling 1-800-523-6085.

Important Information About Your COBRA Continuation Coverage Rights

What is continuation coverage?

Federal law requires that group health plans (including the City of Milwaukee Plan) give employees and their families the opportunity to continue their health care coverage when there is a “qualifying event” that would result in a loss of coverage under an employer’s plan. Depending on the type of qualifying event, “qualified beneficiaries” can include the employee covered under the group health plan, a covered employee’s spouse, and dependent children of the covered employee.

Continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries under the Plan who is not receiving continuation coverage. Each qualified beneficiary who elects continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan, including: open enrollment and special enrollment rights. Specific information describing continuation coverage can be obtained from the Department of Employee Relations, Employee Benefits, 200 East Wells, Milwaukee, WI 53202, 414-286-2047, attention: Crystal Owens.

How long will continuation coverage last?

In the case of a loss of coverage due to end of employment or reduction in hours of employment, coverage may be continued for up to 18 months. In the case of losses of coverage due to an employee’s death, divorce or legal separation, the employee’s enrollment in Medicare or a dependent child ceasing to be a dependent under the terms of the plan, coverage may be continued for up to 36 months.

Continuation coverage will be terminated before the end of the maximum period if any required premium is not paid on time, if a qualified beneficiary becomes covered under another group health plan that does not impose any pre-existing condition exclusion for a pre-existing condition of the qualified beneficiary, if a covered employee enrolls in Medicare, or if the employer ceases to provide any group health plan for its employees. Continuation coverage may also be terminated for any reason the Plan would terminate coverage of participant or beneficiary not receiving continuation coverage (such as fraud).

How can you extend the length of continuation coverage?

If you elect continuation coverage, an extension of the maximum period of 18 months of coverage may be available if a qualified beneficiary is disabled or a second qualifying event occurs. You must notify the City of Milwaukee Employee Benefits of a disability or a second qualifying event in order to extend the period of continuation coverage. Failure to provide notice of a disability or second qualifying event may affect the right to extend the period of continuation coverage.

Disability

An 11-month extension of coverage may be available if any of the qualified beneficiaries is disabled. The Social Security Administration (SSA) must determine that the qualified beneficiary was disabled at some time during the first 60 days of continuation coverage, and you must notify the City of Milwaukee Employee Benefits of that fact within 60 days of the SSA’s determination and before the end of the first 18 months of continuation coverage. If the qualified beneficiary is determined by SSA to no longer be disabled, you must notify the City of Milwaukee Employee Benefits of that fact within 30 days of SSA’s determination.

Second Qualifying Event

An 18-month extension of coverage will be available to spouses and dependent children who elect continuation coverage if a second qualifying event occurs during the first 18 months of continuation coverage. The maximum amount of continuation coverage available when a second qualifying event occurs is 36 months. Such second qualifying events include the death of a covered employee, divorce or separation from the covered employee, the covered employee’s enrolling in Medicare, or a dependent child’s ceasing to be eligible for coverage as a dependent under the Plan. You must notify the City of Milwaukee Employee Benefits within 60 days after a second qualifying event occurs.

How can you elect continuation coverage?

Each qualified beneficiary has an independent right to elect continuation coverage. For example, both the employee and the employee’s spouse may elect continuation coverage, or only one of them. Parents may elect to continue coverage on behalf of their dependent children only. A qualified beneficiary must elect coverage by the date specified on the Election Form. Failure to do so will result in loss of the right to elect continuation coverage under the Plan. A qualified beneficiary may change a prior rejection of continuation coverage any time until that date.

In considering whether to elect continuation coverage, you should take into account that a failure to continue your group health coverage will affect your future rights under federal law. First, you can lose the right to avoid having pre-existing condition exclusions applied to you by other group health plans if you have more than a 63-day gap in health coverage, and election of continuation coverage may help you not have such a gap. Second, you will lose the guaranteed right to purchase individual health insurance policies that do not impose such pre-existing condition exclusions if you do not get continuation coverage for the maximum time available to you. Finally, you should take into account that you have special enrollment rights under federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse’s employer) within 30 days after your group health coverage ends because of the qualifying event listed above. You will also have the same special enrollment right at the end of continuation coverage if you get continuation coverage for the maximum time available to you.

How much does continuation coverage cost?

Generally, each qualified beneficiary may be required to pay the entire cost of continuation coverage. The amount a qualified beneficiary may be required to pay may not exceed 102 percent of the cost to the group health plan (including both employer and employee contributions) for coverage of a similarly situated plan participant or beneficiary who is not receiving continuation coverage (or, in the case of an extension of continuation coverage due to a disability, 150 percent). The required payment for continuation coverage for the qualified beneficiaries listed on page one of this notice is described on page one.

When and how must payment for continuation coverage be made?**First payment for continuation coverage**

If you elect continuation coverage, you do not have to send any payment for continuation coverage with the Election Form. However, you must make your first payment for continuation coverage within 45 days after the date of your election. (This is the date the Election Notice is post-marked, if mailed.) If you do not make your first payment for continuation coverage within those 45 days, you will lose all continuation coverage rights under the Plan.

Your first payment must cover the cost of continuation coverage from the time your coverage under the Plan would have otherwise terminated up to the time you make the first payment. You are responsible for making sure that the amount of your first payment is enough to cover this entire period. You may contact the City of Milwaukee Employee Benefits to confirm the correct amount of your first payment.

Your first payment for continuation coverage should be sent to:

City of Milwaukee Employee Benefits
200 East Wells Street, Room 706
Milwaukee, WI 53202

Periodic payments for continuation coverage

After you make your first payment for continuation coverage, you will be required to pay for continuation coverage for each subsequent month of coverage. Under the Plan, these periodic payments for continuation coverage are due on the first day of the month. If you make a periodic payment on or before its due date, your coverage under the Plan will continue for that coverage period without any break. The Plan will send periodic notices of payments due for these coverage periods.

Periodic payments for continuation coverage should be sent to:

City of Milwaukee Employee Benefits
200 East Wells Street, Room 706
Milwaukee, WI 53202

Grace periods for periodic payments

Although periodic payments are due on the dates shown above, you will be given a grace period of 30 days (or enter longer period permitted by Plan) to make each periodic payment. Your continuation coverage will be provided for each coverage period as long as payment for that coverage period is made before the end of the grace period for that payment.

If you fail to make a periodic payment before the end of the grace period for that payment, you will lose all rights to continuation coverage under the Plan.

For more information

This notice does not fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available from the Plan Administrator.

For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visits the EBSA web site at www.dol.gov/ebsa.

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Flexible Choices Program

Special Note to City of Milwaukee Employees and Spouses about INCREASING YOUR TAKE-HOME PAY

YOU MUST ENROLL EACH PLAN YEAR

The *Flexible Choices Program* for out-of-pocket medical, dependent care and the parking benefit expenses will continue during 2014 with *eflexgroup* as the administrator. The *Flexible Choices Program* allows you to **increase your take-home pay**.

There are three separate parts to the City of Milwaukee's *Flexible Choices Program*. If you want to participate in any of the 3 parts, **you must enroll each plan year**. These plans do not automatically renew. For those employees who are not currently enrolled, we would urge you to read through the material, call *eflexgroup* if you have any questions or visit them at one of the open enrollment fairs.

If you choose to participate in the program, it does not change your health benefits. It only affects the way that you pay your out-of-pocket medical, your childcare/dependent care, and the work-related parking expenses. Your contribution is taken out of each paycheck before taxes and placed into a tax-free account until you have a qualified expense. Because you would incur these expenses anyway, this is a way you can **lower your income taxes** at **NO** additional cost. Your tax-free payroll deductions for these expenses can save you 27% to 43% in income tax savings depending on your income and tax situation.

1. **Out-of-Pocket Medical Expenses: Annual maximum of \$2,500**

Your contribution to this account should be based upon your expected out-of-pocket medical costs. For example, the following types of expenses would qualify:

- expenses not paid by your medical plan for prescription; Over the counter medications will be covered if a prescription is obtained through your medical provider;
- cost of glasses or contact lenses;
- annual plan deductibles & co-pays for persons in the City's Health Plans;
- Dental co-insurance or co-pays not covered by insurance to name a few.

2. **Childcare/Dependent Care Expenses: Annual maximum of \$5,000 (depends on filing status)**

In order to decide you must balance the tax savings from this benefit versus the tax credit on your personal income tax return. Your contribution to this account should be based upon your expected childcare expenses for your dependent(s) that is **12 or younger**. Your contribution is capped at \$5,000 per year for one or more children or \$2,500 if filing separately.

3. **Parking Benefit Plan Expenses: Annual maximum of \$2,000**

Any work-related parking expenses an employee incur near his/her workplace or near the location from which an employee commutes to work by mass transit or vanpool. **Parking money is never lost but you must claim reimbursement for these expenses by February 15th.**

New employees can enroll 30 days after their City Start Date. **Enrollment can be done through the Self-Service program.** As with all things, there are some stipulations for you to consider before making your election decision. Here are the plan's limitations:

- ✓ **The amount you elect to deduct cannot be changed or revoked at will.** Election changes are permitted if you experience a qualified change in status. Detailed explanations of the qualified changes are given in the IRS regulations available through *eflexgroup* Online Internet site.
- ✓ **Overestimated out-of-pocket medical expenses cannot be refunded at the end of the plan year** or rolled over to the next plan year. It pays to be confident about the amount of out-of-pocket medical expenses you expect to incur.

MEDICAL EXPENSES ONLY- 2014 CHANGE TO GRACE PERIOD

Don't let the fear of losing money prevent you from taking advantage of the much more powerful benefits of participating in this plan. Because the City of Milwaukee has elected the Rollover Option, **the plan year for expenses incurred is 01/01/2014 until 12/31/2014 with the exception of up to \$500 of your unused Funds which can be rolled over and used for the entire year of 2015. The final filing date for expenses in 2014 is March 31, 2015.** The percentage of income saved on taxes usually greatly exceeds the minimal year-end account balances, if there are any at all. Take time now to decide how you can reduce your taxable income while saving tax-free for expenses you are going to incur for the new plan year.

DEPENDENT CARE EXPENSES ONLY

Don't let the fear of losing money prevent you from taking advantage of the much more powerful benefits of participating in this plan. Because the City of Milwaukee has elected the grace period, **the plan year for expenses incurred is 01/01/2014 until 03/15/2015 (final service date). The final filing date for expenses in 2014 is April 29, 2015.** The percentage of income saved on taxes usually greatly exceeds the minimal year-end account balances, if there are any at all. Take time now to decide how you can reduce your taxable income while saving tax-free for expenses you are going to incur for the new plan year.

For information on **IRS Regulation Changes** for the Plan Year Beginning in 2014, please check the *eflexgroup* web site at www.eflexgroup.com. The site also has copies of IRS Publication 502 for Medical Expenses and IRS Publication 503 for Child and Dependent Care Accounts. *Eflexgroup* claim forms can be printed from the same web site.

Highlights of the City of Milwaukee Flexible Choices Program

- ◆ **Daily Claims Reimbursement:** Checks are prepared and mailed to participants' homes, or direct deposit, or participants also have the option of a debit card to use for payment of their expenses.

Debit Card Usage – The Debit Card allows you to use the money you have in your account without having to wait for reimbursement. **PLEASE SAVE YOUR DETAILED RECEIPTS!! DOCUMENTATION IS REQUIRED to verify your debit card usage.**

- ◆ **Internet submission of claims:** Conveniently submit your claims online at www.eflexgroup.com.
- ◆ **24 hours a day, 7-days-a-week access** to information about account status claims received and reimbursement check issues. By simply logging into www.eflexgroup.com or by using touch-tone phone participants can access up-to-date information regarding their accounts.
- ◆ If you are already enrolled, remember **you must re-enroll each year for Flexible Choices.**
- ◆ For more information about the City of Milwaukee's Flexible Choices Program, call *eflexgroup* at **1-877-933-3539 (7:00 am – 7:00 pm CST)** or contact **City of Milwaukee at 414-286-3184.**

See the Health Insurance Benefit Summary Tables of the 2014 Open Enrollment Booklet for changes to deductibles and co-pays. If you haven't participated in Flexible Choices in the past, you may want to consider the implications of these changes on your out-of-pocket medical expenses for 2014.

Special Notice to all City Employees, Retirees and their Families

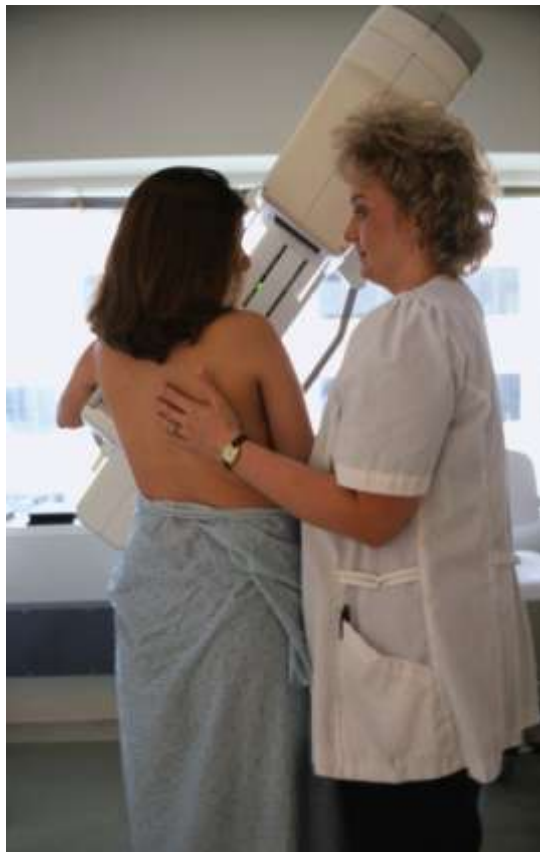
Women's Health and Cancer Right Act Notice Special Rights Following Mastectomy

A group health plan generally must, under federal law, make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits for:

1. Reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. Prostheses; and
4. Treatment of physical complications of mastectomy.

The City of Milwaukee health plans comply with these requirements. Of course, the extent to which any of these items is appropriate following mastectomy is a matter to be determined by consultation between the attending physician and the patient. The City of Milwaukee health plans do not impose penalties (for example, reducing or limiting reimbursements) and do not provide incentives to induce attending providers to provide care inconsistent with these requirements.

Questions, call the Employee Benefits Office at (414) 286-3184.



How To Enroll

SELF-SERVICE PROGRAM

- 1) The login Internet address is <https://cmil.mycmhc.com> then click HRMS PRD 9.1 which is on the left side. In order to access the Self-Service Program, all Active employees must have their Employee ID Number and a Password. You will need the Employee ID/User ID Number and a Password in order to access the web browser either from home or work. To request or reset a Password, visit www.Milwaukee.gov/RITS.
 - a) The Employee ID Number which is a six-digit number and you can find this number on your payroll statement at the top of the middle column above the Department's name.
- 2) If you add an dependent(s):
 - a) All eligible dependent names must be **capitalized**.
 - b) We require a copy of the birth certificate, marriage certificate and Social Security Number for all eligible dependents.
- 3) If you remove a dependent(s):
 - a) You must complete a health and/or dental enrollment form.
 - b) Remember, you can remove a dependent at any time. You can't add a dependent at anytime.
- 4) If you do not want health or dental coverage, the "WAIVER FORM" is available to download at www.Milwaukee.gov/der. The waiver form must be sent to the Department of Employee Relations, City Hall, Room 706. There is no penalty for an employee who waives coverage and takes coverage through a spouse or another health plan.

Active Employees Making A Health/Dental Plan Change for the Year 2014

All active employee Self-Service enrollment elections must be submitted by 10:59 p.m. on **Friday, November 8, 2013**.

Self-Service Instructions

City of Milwaukee Human Resources Management System Employee Self Service Program

All Active employees will use the Self Service program to change your Health, Dental, Flexible Choices, Long Term Disability and Life Insurance benefits:

Login on the Internet to:

<https://cmil.mycmsc.com>, then click HRMS PRD 9.1 on the left side.

Log into the Self Service Program

1. Enter your User ID your Password. If you do not remember your password **and have not set up the “forget your password”** option, please go to: www.Milwaukee.gov/RITS to request or reset a password.
2. Click the Sign In button. If this is your first time logging into the Self Service program, please set up the “Forget your password” option. Click Save. You are now set up to have a new password e-mailed to you when you “forget your password.”

Health Insurance

Path: Home/Self Service/Benefits/Benefits Enrollment

1. Click the Select button.
2. Click the Edit button to select the Health Plan Option.
3. Click the Circle button to select a Health Plan.
4. If you have dependent(s) on your plan or would like to add a dependent, continue and scroll down to the Enroll Your Dependents (Add/Review Dependents). **All dependent names must be capitalized and check the student box.** The Social Security Number (SSN) for all dependents will be required.
5. Click the Store button for the additional options. *The store button will hold your choices until you are ready to submit your final enrollment.* Click the OK button after you have reviewed the confirmation display page and to store the elections. *Do not click the submit button until you have completed all of your options, for example any changes to the dental insurance or flexible choices program.*
6. If there are no additional changes, then click the **SUBMIT** button.
7. Please be sure to review and print your confirmation statement when you have completed your benefit enrollment.

Dental Insurance

Path: Home/Self Service/Benefits/Benefits Enrollment

1. Click the Select button.
2. Click the Edit button to select the Dental Plan Option.
3. Click the Circle button to select a Dental Plan.
4. If you have dependent(s) on your plan or would like to add a dependent, continue and scroll down to the Enroll Your Dependents (Add/Review Dependents). **All dependent names must be capitalized and check the student box.** The SSN for all dependents will be required.
5. Click the Store button for the additional options. The store button will hold your choices until you are ready to submit your final enrollment. Click the OK button after you have reviewed the confirmation display page and to store the elections. Do not click the submit button until you have completed all of your options.

6. If there are no additional changes, then click the **SUBMIT** button
7. Please be sure to review and print your confirmation statement when you have completed your benefit enrollment.

Flexible Choices Programs

If you wish to participate in any of the three parts of the Flexible Choices Program for 2014, you must enroll each plan year. These plans do not automatically renew.

Path: Home/Self Service/Benefits/Benefits Enrollment

1. Click the Select button.
2. Click the Edit button to select Flexible Choices Medical, Dependent Care or Parking Expenses.
3. Click the Circle button to select a Flexible Choices Option or click No, I do not want to enroll.
4. Submit the annual pledge amount for each of the Flexible Choices option you want to be enrolled in 2014.
5. Click the Store button, which will hold your choices until you are ready to submit your final enrollment. Click the OK button after you have reviewed the confirmation display page and to store the elections. Do not click the submit button until you have completed all of your options.
6. If there are no additional changes, then click the **SUBMIT** button.
7. Please be sure to review and print your confirmation statement when you have completed your benefit enrollment.

Long Term Disability

If you wish to select a Long Term Disability (LTD) buy down of 60, 90,120 day coverage, or change the current buy down selection.

Path: Home/Self Service/Benefits/Benefits Enrollment

1. Click the Select button.
2. Click the Edit button to select the LTD Buy Down.
3. Click the Circle button to select the LTD buy down coverage.
4. Click the Store button, which will hold your choices until you are ready to submit your final enrollment. Click the OK button after you have reviewed the confirmation display page and to store the elections. Do not click the submit button until you have completed all of your options.
5. If there are no additional changes, then click the **SUBMIT** button.
6. Please be sure to review and print your confirmation statement when you have completed your benefit enrollment.

View Your Direct Deposit Stubs

1. Login on the internet to: <https://cmil.mycmsc.com>, then click HRMS PRD 9.1
2. Enter your User ID (Employee ID) and password.
3. Click on Self-Service/Payroll and Compensation/View Paycheck or Payslips.

Life Insurance

If you wish to enroll or change the Voluntary Life Insurance enrollment.

Path: Main Menu/Self Service/Benefits/Benefits Enrollment

1. Click the Select button.
2. Click OK
3. Click the Edit button to select the Voluntary Group Life Option.
4. Click the Circle button to select Voluntary Group Life Plan.

5. Click the Store button, which will hold your choices until you are ready to submit your final enrollment. Click the **Store** button after you have reviewed the confirmation display page and to store the elections. Do not click the submit button until you have completed all of your options.
6. If there are no additional changes, then click the **SUBMIT** button
7. Please be sure to review and print your confirmation statement when you have completed your benefit enrollment.

If you wish to enroll in Family Life Insurance.

Path: Main Menu/Self Service/Benefits/Benefits Enrollment

1. Click the Select button.
2. Click OK.
3. Click the Edit button to select the Family Life option.
4. Click the Circle button to select the Family Life plan.
5. Click the Store button, which will hold your choices until you are ready to submit your final enrollment. Click the Store button after you have reviewed the confirmation display page and to store the elections. Do not click the submit button until you have completed all of your options.
6. If there are no additional changes, then click the SUBMIT button.
7. Please be sure to review and print your confirmation statement when you have completed your benefit enrollment.

Entering Life Insurance Beneficiaries

Path: Main Menu/Self Service/Benefits/Benefits Summary

1. Under Type of Benefit click Life
2. Click the Edit button at the bottom of the screen.
3. Click Add a New Beneficiary if you wish to add someone new to the list.
4. Complete the required fields for Personal Information.
5. Complete the required fields for Status Information
6. If the address of the beneficiary is different from your own address click to uncheck the box under Address and Telephone next to Same Address as Employee.
7. After you uncheck the Same Address as Employee box an Edit Address button will appear. Click the Edit Address button.
8. Complete the Edit Address information and click OK.
9. Review the address information. If it is correct click Save.
10. Click OK.
11. Click Return to Change Current Beneficiaries and Allocations (this link is located at the bottom of the page).
12. Click the box to the left of the beneficiary name that you want to keep as a primary or secondary allocation. Add a percentage for this beneficiary under either the New Primary Allocation column or the New Secondary Allocation column. (Do not put in % signs.)

Note: Existing names may display on this page. These names are health insurance dependents that were carried over. If you want them to be a life insurance beneficiary you must click the box to the left of the name and add a percentage.

13. Click Update Totals. Note: totals must equal 100.
14. Click Save.
15. Click OK (Note: totals will not appear on this screen).

16. Click Return to Life Insurance Main (this link is located at the bottom of the page).
17. Click Return to Employee Benefit Summary.
18. Click Life – your updated beneficiaries and percentages will now display. This will complete your life insurance beneficiary elections.

View Your W-2/W-2C forms

1. Login on the internet to: <https://cmil.mycmsc.com>, then click HRMS PRD 9.1
2. Enter your User ID (Employee ID) and password
3. Click to consent to receive your W-2/W-2C electronically by going to Self Service/Payroll and Compensation/W-2/W-2c Consent/W-2/W-2c Consent Form.
4. After consenting, you may view your 2014 W-2/W-2c electronically, when ready, by going to Self Service/ Payroll and Compensation/View W-2/W-2c forms. If you consented last year, you do not need to do it again.



For COBRA Enrollees
You must re-enroll in a Health Plan for 2013

In the **JOB TITLE** box of all enrollment forms:

- 1 . A COBRA enrollee will write "COBRA" in the JOB TITLE box.
- 2 . DO NOT write anything in the CITY START DATE and RETURN TO WORK DATE boxes

TELEPHONE NUMBERS & WEBSITES

Employee Benefits Division

414-286-3184

www.Milwaukee.gov/der

Health Plans

United Healthcare Choice Plus Plan

1-800-841-4901*

www.myuhc.com

United Healthcare Choice Plan

1-800-841-4901*

www.myuhc.com

UHC Care 24

1-800-942-4746

Express Scripts (Active & Pre 65 retirees)

1-866-544-8642

www.express-scripts.com

Dental Plans

MetLife

1-800-942-0854

www.metlife.com/dental

Care Plus Dental

414-771-1711

www.careplusdentalplans.com

DentalBlue

1-866-589-0582

www.Anthem.com

Lincoln Financial Group (LTD)

1-800-423-2765

www.Lincoln4Benefits.com

Eflexgroup (Flexible Choices Program)

1-877-933-3539

www.eflexgroup.com

Nationwide Retirement Solutions

1-800-829-1183

<https://www.milwaukee457.com>

Aetna (Life Insurance)

1-800-523-5065

***Be sure to use the phone number on the back of your UnitedHealthcare ID card.**

If you have any questions regarding your benefits, or regarding unpaid bills, or problems with service, please call your health or dental plan. **DO NOT** call Employee Benefits until you have contacted your health or dental plan and are unable to arrive at a resolution. Employee Benefits will attempt to assist you to resolve your problem, but in no case will Employee Benefits attempt to change, question or provide a medical opinion. Remember to document all your conversations with dates, times and names. We will ask you for this information when you call our office.

Notes